

BAR HARBOR POLICE DEPARTMENT
37 Firefly Lane, (207)-288-3391 Fax: (207)-288-2120
Bad Check Data Packet

A. REPORT:

1. Name and Address of Victim: _____
(Individual or Corporation, Indicate "Doing business as" if unincorporated)
2. Person making Report: _____
3. Telephone: (Business) _____ (Home) _____
4. Have you successfully served a 5-day statutory bad check notice on the passer? **YES NO**
If yes, how? **Certified Mail, Personal Service, Other**
(Explain) _____

B. CHECK INFORMATION:

1. Check Number: _____ Date of Offense: _____ Amount: _____
2. Name of the person who excepted the check: _____

C. PERSON WHO ACTUALLY EXCEPTED THE CHECK MUST COMPLETE THIS SECTION:

3. Can the person who excepted the check identify the person who passed the check? **YES NO**
4. Description of the person passing the check: _____
5. Name given by the passer: _____
6. Name and Telephone Number: _____
7. Did you know the passer? **YES NO**
If yes, how? _____
8. Did you see the passer write the check and/or endorse the check? **YES NO**
9. Did you initial, mark upon or write upon the check at the time you excepted it? **YES NO**
10. Please explain what steps you or your employees have taken to contact the suspect and/or recover losses: _____
(Utilize reverse side for additional information)

(PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF THE CHECK)

